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Effective diabetes management at school requires an individualized plan of care developed by a school nurse for each student. The school nurse coordinates the collection of information from a variety of sources to develop this plan, and then provides the continued oversight to implement and evaluate the effectiveness of this plan of care in the school setting. H.A.N.D.S.SM equips the school nurse with current diabetes knowledge, and provides tools and resources to facilitate effective diabetes management for students at school.

GOAL

To provide the school nurse with the knowledge, skills and resources to ensure safe and effective diabetes management at school.

CONTINUING EDUCATION

6.50 Contact Hours
National Association of School Nurses is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

(Provider approved by the California Board of Registered Nursing, Provider Number #CEP 12292 for 6.5 CNE contact hours)

COURSE MATERIALS

Participant Manual and numerous resources to support school nursing practice as it relates to diabetes management at school.

H.A.N.D.S.SM Workshop May 3, 2008

WHEN: Saturday, May 3, 2008
7:30 am – 4:00 pm

WHERE: Salt Lake Community College,
Larry H. Miller Campus
9750 South 300 West
Sandy, UT 84070

COST: \$25.00 for NASN members
\$45.00 for non-members

Registration includes: Continental
Breakfast, lunch and a H.A.N.D.S.SM
Participant Manual

Confirmation will be emailed

Make checks payable to: Utah School
Nurse Association

NOTE: Registration deadline: **April 16, 2008**

For more information:

Call Cescilee Rall at 801.913-9236

Or

Jamie Ferdinand at 801-712-7769 or email
at jamie.ferdinand@granite.k12.ut.us

National Association of School Nurses
8484 Georgia Avenue • Suite 420
Silver Spring, MD 20910
1-866-627-6767
FAX 1-301-585-1791
nasn@nasn.org • www.nasn.org

Return completed registration by mail to:
Cescilee Rall
12113 Willmar Circle
Riverton, UT 84065

X.....

H.A.N.D.S.SM Workshop – May 3, 2008 Registration Form

Name:		School:		Phone:
Address:			E-mail:	
City	State	Zip Code	Please indicate highest level of preparation: ADN BSN/BS MSN/MPH/Med	
1) RN License #				
2) NASN Member #				
I preferred a vegetarian lunch		YES NO	Amount Enclosed: \$ _____	